

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated avera	ge burden					
hours per respor	nse 16.00					

SEC USE ONLY						
Prefix	Serial					
	l					
DATE RE	CEIVED					
1	- 1					

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEM	PTION DATE RECEIVED
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
February 2004 Liberty International B-L LLC Common Unit Offering Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Liberty International B-L LLC	04008611
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Coue) 303-875-5400
c/o Liberty Media Corporation, 12300 Liberty Blvd., Englewood, CO 80112 Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City. State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business	
Video programming and communications	
Type of Business Organization	PROCESSE
	(please specify):
	ted Liability Company FEB 19 2004
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	timated THOMSON C: PHNANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 17d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offerin and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 2	20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repthereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	e Securities Administrator in each state where sales for the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption unifiling of a federal notice.	
SEC 1972 (6-02) Persons who respond to the collection of information contained required to respond unless the form displays a currently valid Of	

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2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years, • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Bennett, Robert R. Business or Residence Address (Number and Street, City, State, Zip Code) 12300 Liberty Blvd., Englewood, CO 80112 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
Full Name (Last name first, if individual) Bennett, Robert R. Business or Residence Address (Number and Street, City, State, Zip Code) 12300 Liberty Blvd., Englewood, CO 80112 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
Bennett, Robert R. Business or Residence Address (Number and Street, City, State, Zip Code) 12300 Liberty Blvd., Englewood, CO 80112 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
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12300 Liberty Blvd., Englewood, CO 80112 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
Check Box(es) that Apply: Promoter Beneficial Owner Ex Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
Full Name (Last name first, if individual)
Courts Milliands
Curtis, Miranda
Business or Residence Address (Number and Street, City, State, Zip Code)
160 Great Portland St., London, W1N 5TB, United Kingdom
Check Box(cs) that Apply: Promoter Beneficial Owner Ex Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Hollis, Graham
Business or Residence Address (Number and Street, City, State, Zip Code)
12300 Liberty Blvd., Englewood, CO 80112
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Howard, Gary S.
Business or Residence Address (Number and Street, City, State, Zip Code)
12300 Liberty Blvd., Englewood, CO 80112
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Malone, John C.
Business or Residence Address (Number and Street, City, State, Zip Code)
12300 Liberty Blvd., Englewood, CO 80112
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Tanabe, Charles
Business or Residence Address (Number and Street, City, State, Zip Code)
12300 Liberty Blvd., Englewood, CO 80112
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Liberty Media Corporation
Business or Residence Address (Number and Street, City, State, Zip Code)
12300 Liberty Blvd., Englewood, CO 80112 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		BASIC IDE	NTIFICATION DATA						
Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years, Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
BCI International Inves		0: 5 - 5 0 1							
Business or Residence Addre One Manhattanville Ro			e) .						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)		<u> </u>	<u> </u>					
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Cod	c)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, in	individual)				· · · · · · · · · · · · · · · · · · ·				
Business or Residence Addr	css (Number and S	treet, City, State, Zip Cod	lc)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	findividual)								
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Cod	le)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Add	ess (Number and S	treet, City, State, Zip Cod	ie)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Add	ress (Number and S	Street, City, State, Zip Cod	le)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first,	f individual)				<u> </u>				
Business or Residence Add	ress (Number and S	street, City, State, Zip Coo	le)						
	(Use bla	ank sheet, or copy and use	additional copies of this sh	eet, as necessary)					

				В.	INFORMA'	TION ABO	UT OFFER	ING				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No X			
Answer also in Appendix, Column 2. if filing under ULOE.									رجا			
2. What is the minimum investment that will be accepted from any individual?									§ N/A			
<u></u>									Yes	No		
3. Does the		-		-							-	X
commiss If a perso or states,	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. It more than five (5) persons to be listed are associated persons of such a broker or dealer. you may set forth the information for that broker or dealer only.											
Full Name	•		dividual)									
NOT API			Number ar	d Street C	ity State 1	Zin Code)						
Dusiness of	Residence	. Address (ivamber an	ia bireei. C	ny, Diaic.	Lip Code)						
Name of A	ssociated I	Broker or I	Dealer						:-			
States in W	/hich Perso	on Listed I	las Solicite	d or Inten	ds to Solici	t Purchase	rs		· · · · · · · · · · · · · · · · · · ·			
(Chec	k "All State	es" or chec	k individua	l States)	************				<u></u>		A	II States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last name	e first, if in	dividual)									
Business o	r Residenc	e Address	(Number a	ind Street,	City, State,	Zip Code)				*	
Name of A	ssociated l	Broker or l	Dealer						- , . ,			
States in V	Vhich Pers	on Listed	Has Solicit	ed or Inten	ds to Solic	it Purchase	ers					,
(Chec	k "All Stat	es" or chec	k individus	al States)					•••••••		🗀 A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[NC] [VA]	[WA]	[WV]	[WI]	[OR] [WY]	[PR]
										,		
Full Name	(Last name	e first. if in	dividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of A	Name of Associated Broker or Dealer											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)												
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold § 20,348,520 Common Preferred 50 Other (Specify \$ 20,348,520 Answer also in Appendix, Column 3. if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is *'none" or "zero." Aggregate Number Dollar Amount Investors of Purchases § 20,348,520 Non-accredited Investors 0 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date. in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering, Classify securities by type listed in Part C Question 1. Type of Dollar Amount Type of Offering Sold Security Rule 505 Regulation A 50 Rule 504 50 Total......<u>0</u> a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees. \$ 5,000 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)

Total

S 5,000

	OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part CQ proceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross		§20,343,520
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part			
			Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees		s <u>_o</u>	□ 2 <u>0</u>
	Purchase of real estate		s <u></u>	. □ \$ <u>0</u>
	Purchase, rental or leasing and installation of mach and equipment	inery	s <u></u>	<u>s</u> 0
	Construction or leasing of plant buildings and facil	ities	s <u></u>	. [s]
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	 	□s <u>0</u>
	Repayment of indebtedness	•		
	Working capital			
	Other (specify): Acquisition of UnitedGlobalCo			
			~	- ==
			S 0	□ s <u>0</u>
	Column Totals		□ s <u>0</u>	⋉ \$ 20,343,520
	Total Payments Listed (column totals added)	¥ \$ 20),343,520	
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	nish to the U.S. Securities and Exchange Commis	sion, upon writter	
Iss	ner (Print or Type)	Signature	Date	
Li	berty International B-L LLC	Title of Signer (Print or Type)	February 13,	2004
	me of Signer (Print or Type) izabeth M. Markowski	Title of Signer (Print or Type) Senior Vice President		
_		<u> </u>		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)